

THE DIVISION OF HEALTH OF THE CITY OF ST. LOUIS
STANDARD CERTIFICATE OF DEATH32949
State File No. 8485

FILED SEP 25 1952

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8485	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2079			
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital				d. STREET ADDRESS (If rural, give location) 5920 Goodfellow 0			
3. NAME OF DECEASED (Type or Print) Paul		a. (First)		b. (Middle)		c. (Last) Gagliarducci	
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1		8. DATE OF BIRTH 6-15-94	
9. AGE (In years last birthday) 58		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and State or Foreign Country) Italy 5		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Angelo Gagliarducci		13b. MOTHER'S MAIDEN NAME Teresa DiSalva		14. NAME OF HUSBAND OR WIFE Lena Serricchio			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-20-8087		17. INFORMANT'S SIGNATURE OR NAME Lena Gagliarducci 5920 Goodfellow Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Anterior Myocardial Infarction 5 wks. ANTECEDENT CAUSES DUE TO (b) Cor Pulmonale DUE TO (c) Chronic Emphysema II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. malnutrition				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5271			
22. I hereby certify that I attended the deceased from 8-5-52 to 9-7-52, 19, that I last saw the deceased alive on 9-7-52, 19, and that death occurred at 12:00 P.m., from the causes and on the date stated above.							
23a. SIGNATURE William T. O'Spinal M.D. (Degree or title)				23b. ADDRESS 1325 S. Grand, St. Louis 4, Mo.		23c. DATE SIGNED 9-8-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9-10-52		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL SEP 9 1952		REGISTRAR'S SIGNATURE Paul Smith M.D. mjb		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		ADDRESS 2161 E. Fair Ave.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clement McQuay

Licensed Embalmer No. 3732

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

- If this body is not embalmed, fact should be so stated above.